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Remarks

It is observed that the Examiner rejected claims 11-15 and 17-19 as being anticipated by Chen (US 6,332,867) and claims 16, 20 as being unpatentable over Chen in view of Barker (US 5,201,230).

The applicant respectfully observes that the present invention relates to a device and method which allow an operator to detect the arterial pressure by means of a conventional stethoscope.

It is submitted that it is well known that the measurements of the arterial pressure taken by an operator are much more precise and reliable than the same measurements taken by an electronic device.

This is the reason why all the physicians rely on their own measurements (by means of a stethoscope or other similar means to manually detect the wrist beat) rather than using an electronic device.

However, the problem with manual measurement is the impossibility of having a record of the detected pulses.

On the contrary, the applicant's claimed invention mixes the manual measurement with an electronic unit that allows to store the chart of the pulses in order to perform (by the operator) a subsequent verification thereof, so as to determine assuredly the pulses that actually correspond to the maximum and minimum values of the arterial pressure.

This combination of manual and electronic operation is neither disclosed nor even suggested in Chen and Barker and even the combination of the two would not lead the skilled man in the art to devise a device and method as claimed in claims 11 and 17 respectively.

In fact, Chen does not disclose a device where the operator manually detects the arterial

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pressure. No human intervention is suggested. The only intervention the operator has to perform is pressing the start button 49c. Thus, the applicant respectfully disagrees with the Examiner when the Examiner says that Chen provides for manual intervention of the operator.

On the contrary, in the applicant's claimed device and method the role of the human operator is essential and the

In addition, claim 12 recites that the decompression is performed at a constant rate. This is another important feature of the invention, since an excessively rapid decompression rate of the cuff brings about an error, as explained on page 2, lines 5-16 of the PCT text.

Chen only discloses the presence of a discharge valve, but nothing is said about controlling the discharge rate of the cuff. A microprocessor controlled opening of the discharge valve is not the same as saying that the decompression rate is performed at a constant rate.

Thus, this is another difference between the Chen and the applicant's claimed invention as claimed in claims 12 and 18.

As a general consideration, Chen discloses a device (and a method) that allows to store the results of three or more measurements and calculate the best estimate of the average of the measurements, discarding the first one.

Chen does not allow to store the sphygmnic pulses, that is, no chart is stored, but only values.

Thus, the operator is not allowed to have a look at the chart so as to evaluate the correctness of the chart and thus of the peak values.

This is instead the core of the applicant's claimed invention.

In summary, the applicant's claimed invention as claimed in claims 11 and 17, provides for a manual detection of the sphygmnic pulses and a storage of the chart of the sphygmnic pulses.

The operator is then allowed to examine the chart to evaluate its correctness and is given the opportunity to identify in a further step the values that better represent the systolic and

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diastolic pressure, in view of the intensity of each pulse.

The application is thus believed to be in order for acceptance and allowance thereof is respectfully requested. Should the Examiner need further clarifications, an informal interview with the Examiner would be appreciated.

In any case the applicant is open to any suggestion the Examiner may have to improve the wording of the claims.

Respectfully submitted,


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